

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

OCT 22 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000220

1. Name of Limited Partnership

STIEFEL HOLDINGS, LTD.

REINSTATEMENT 2003

2. Principal Office Address

657 N. GREENWAY DR.

Suite, Apt. #, etc.

3. Mailing Office Address

657 N. GREENWAY DR.

Suite, Apt. #, etc.

4. Date Formed or Registered  
To Do Business in Florida

FEBRUARY 11, 2002

5. FEI Number

03-0397620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

CORAL GABLES

City & State

CORAL GABLES

Zip

33134

Country

USA

Zip

33134

Country

USA

8. Name and Address of Current Registered Agent

Name

BRIAN C. PERLIN, ESQ

Street Address (P.O. Box Number is Not Acceptable)

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

#503

City

CORAL GABLES

State

FL

Zip Code

33134

7a. Capital Contributions as shown on Record:

\$ 4,000,000

7b. Amount of Capital Contributions in FLORIDA to date:

4,000,000

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
  - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

MARIE C. STIEFEL

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

657 N. GREENWAY DR

City, State and Zip Code

CORAL GABLES, FL.  
33134

10a. Registration  
Document Number

400024022004  
10/22/03--01053--016 \*\*1026.25

*JP*

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Marie C. Stiefel*

DATE 10-14-03

MARIE C. STIEFEL

Telephone Number 305-446-7572

CR2E039 (9/03)